

**SUPPLEMENTAL
CO-OCCURRING DISORDERS
REASSESSMENT CHECKLIST**

For substance causing most serious mental health related problem:

Craving Frequency (check one)

- ☐ None
- ☐ Very occasionally (less than once per week)
- ☐ Sometimes (several times week)
- ☐ Often (daily)
- ☐ Constant (throughout day)

Compared to last assessment: ☐ Decreased ☐ Unchanged ☐ Increased

Craving Intensity (check one)

- ☐ Absent
- ☐ Minimal
- ☐ Moderate
- ☐ Severe

Compared to last assessment: ☐ Decreased ☐ Unchanged ☐ Increased

Last Use (check one)

- ☐ Within last day
- ☐ Within last 3 days
- ☐ Within last week
- ☐ Within last 2 weeks
- ☐ Within last month

Compared to last assessment: ☐ Decreased ☐ Unchanged ☐ Increased

Amount of substances used since last assessment (check one)

- ☐ Decreased
- ☐ Unchanged
- ☐ Increased

Stage of Readiness (check one)

- ☐ **Precontemplation:** No intention to stop substance abuse in the foreseeable future
- ☐ **Contemplation:** Aware that SA is problematic, but no commitment to take action
- ☐ **Preparation:** Intent to initiate action to change behavior
- ☐ **Action:** Changing behavior to overcome problem
- ☐ **Maintenance:** Taking steps to prevent relapse and consolidate gains.

Compared to last assessment: ☐ Advance ☐ Unchanged ☐ Setback

Available Toxicology results (specify)

Staff Signature and Title

Date

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Name:

MIS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

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DISORDERS REASSESSMENT CHECKLIST**